



P20688.A02

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Technology Center 2100

Applicants : Edward SCHWALB et al.

Group Art Unit: 2123

Appl. No. : 09/816,395

Examiner: Not Yet Assigned

Filed : March 26, 2001

For : APPARATUS AND METHOD FOR MANUALLY SELECTING,
DISPLAYING, AND REPOSITIONING DIMENSIONS OF A PART
MODEL

PRELIMINARY AMENDMENT

Commissioner of Patents and Trademarks
Washington, DC 20231

Sir:

Prior to examination of the above-identified application, the Examiner is respectfully
requested to amend the claims as follows:

IN THE CLAIMS

Please cancel claims 1-5.

The following claims are submitted for consideration:

AI --- 6. A repositioning system for a computer generated geometric model represented on
a display screen, the geometric model having associated dimensions displayed along with the
geometric model on the display screen, the repositioning system comprising:

a repositioner which repositions the dimension to a desired position relative to the
model; and



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#3A

Attorney Docket No. P20688

In re application of : Edward SCHWALB et al.

Box Non-Fee
Group Art Unit: 2123

Serial No. : 09816,395

Filed : March 26, 2001

Examiner : Not Yet Assigned

For : APPARATUS AND METHOD FOR MANUALLY SELECTING, DISPLAYING, AND
REPOSITIONING DIMENSIONS OF A PART MODEL

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

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Sir:

Transmitted herewith is a Preliminary Amendment in the above-captioned application.

Technology Center 2100

- ___ Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously filed.
___ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
___ An Information Disclosure Statement, PTO Form 1449, and references cited.
X No additional fee is required.

The fee has been calculated as shown below:

Claims After Amendment	No. Claims Previously Paid For	Present Extra	Small Entity		Other Than A Small Entity	
			Rate	Fee	Rate	Fee
Total Claims: 8	*20	0	x 9=	\$	x 18=	\$0.00
Indep. Claims: 3	**3	0	x 40=	\$	x 80=	\$0.00
Multiple Dependent Claims Presented			+135=	\$	+270=	\$0.00
Extension Fees for Month				\$		\$0.00
Total:				\$	Total:	\$0.00

*If less than 20, write 20

**If less than 3, write 3

___ Please charge my Deposit Account No. 19-0089 in the amount of \$_____.

N/A A Check in the amount of \$_____ to cover the filing/extension fee is included.X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089.X Any additional filing fees required under 37 C.F.R. 1.16.X Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

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